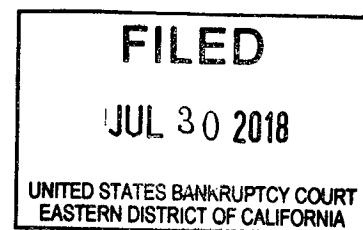


Gelvez Pediatrics PC
1331 Mae Carden Street
Visalia, CA 93291
Phone: 5592574461
e-mail: Gelvez33@gmail.com

RPAF



UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF CALIFORNIA
FRESNO DIVISION

In RE:

Tulare Local Healthcare District,
Dba: Tulare Regional Medical Center
Case No: 17-13797
DC: WW-41.
Chapter 9

Filed by Creditor:
Gelvez Pediatrics PC
Tax ID#: 81-437-0433
Date : July 26th, 2018
Place: Visalia, CA

OBJECTION TO CLAIM

Gelvez Pediatrics PC, is filing an Objection to the Debtor's proposed information annexed as Exhibit A, where extent that there is no cure amount owned to Gelvez Pediatrics-PC

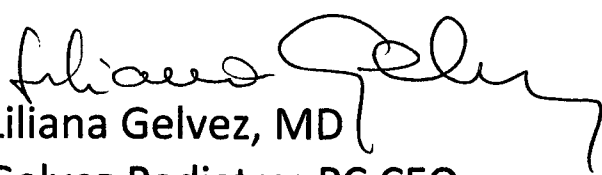
I, Liliana Gelvez, MD as owner/CEO of Gelvez Pediatrics worked for the months of August, September, October 2017 at

the Tulare Regional Medical center and at the Hillman Clinic (outpatient Clinic for Tulare Local Healthcare District) and did not receive compensation or salary, so I disagree with the Debtor when they state that there is no a cure amount owing with respect to my assumed contract.

I have proof of the dates and hours that services was given to the Tulare Regional Center and to The Outpatient Clinic of the Tulare Healthcare District (Hillman Clinic).

I have already sent a proof of Claim to the court and I am annexing copy of this with the amount owned to Gelvez Pediatrics PC is a total of \$ 88300.00 USD, for services performed in the months of August, September and October of 2017.

Date: July 26th, 2018



Liliana Gelvez, MD
Gelvez Pediatrics PC CEO
1331 Mae Carden Street
Visalia, CA 93291

Fill in this information to identify the case:

Debtor 1 Tulare Local Health Care District
 Debtor 2 dba Tulare Regional Medical Center
 (Spouse, if filing)

United States Bankruptcy Court for the: Eastern District of California
 Case number 17-13797 Fresno Division

Official Form 410

Proof of Claim

04/16

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1: Identify the Claim

1. Who is the current creditor?

Gelvez Pediatrics PC
 Name of the current creditor (the person or entity to be paid for this claim)

Other names the creditor used with the debtor _____

2. Has this claim been acquired from someone else?

☒ No

☐ Yes. From whom? _____

3. Where should notices and payments to the creditor be sent?

Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

Where should notices to the creditor be sent?

Liliana Gelvez or
 Name
1331 Mae Carden Str
 Number Street
Visalia CA 93291
 City State ZIP Code

Contact phone 5599998519

Contact email gelvez33@gmail.com

Where should payments to the creditor be sent? (if different)

Gelvez Pediatrics PC
 Name
1331 Mae Carden St
 Number Street
Visalia CA 93291
 City State ZIP Code

Contact phone 5592574461

Contact email gelvez33@gmail.com

Uniform claim identifier for electronic payments in chapter 13 (if you use one):

4. Does this claim amend one already filed?

☒ No

☐ Yes. Claim number on court claims registry (if known) _____

Filed on _____
 MM / DD / YYYY

5. Do you know if anyone else has filed a proof of claim for this claim?

☒ No

☐ Yes. Who made the earlier filing? _____

Part 2: Give Information About the Claim as of the Date the Case Was Filed

6. Do you have any number you use to identify the debtor? ☒ No
☐ Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____

7. How much is the claim? \$ 88300.00 Does this amount include interest or other charges?
☒ No
☐ Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

8. What is the basis of the claim? Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.
 Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).
 Limit disclosing information that is entitled to privacy, such as health care information.

Services Performed

9. Is all or part of the claim secured? ☒ No
☐ Yes. The claim is secured by a lien on property.
 Nature of property:
☐ Real estate. If the claim is secured by the debtor's principal residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.
☐ Motor vehicle
☐ Other. Describe: _____

Basis for perfection:

Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)

Value of property: \$ _____

Amount of the claim that is secured: \$ _____

Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)

Amount necessary to cure any default as of the date of the petition: \$ _____

Annual Interest Rate (when case was filed) _____ %

☐ Fixed
☐ Variable

10. Is this claim based on a lease? ☒ No
☐ Yes. Amount necessary to cure any default as of the date of the petition. \$ _____

11. Is this claim subject to a right of setoff? ☒ No
☐ Yes. Identify the property: _____

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

☒ No

☐ Yes. Check one:

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

☐ Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

Amount entitled to priority

\$ _____

☐ Up to \$2,850* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).

\$ _____

☐ Wages, salaries, or commissions (up to \$12,850*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).

\$ _____

☐ Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).

\$ _____

☐ Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).

\$ _____

☐ Other. Specify subsection of 11 U.S.C. § 507(a)() that applies.

\$ _____

* Amounts are subject to adjustment on 4/01/19 and every 3 years after that for cases begun on or after the date of adjustment.

Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

☒ I am the creditor.

☐ I am the creditor's attorney or authorized agent.

☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.

☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 02/19/2018

MM / DD / YYYY

Liliana G. Gelves
Signature

Print the name of the person who is completing and signing this claim:

Name Liliana G Gelves, MD
First name Middle name Last name

Title Owner

Company Gelves Pediatric PC

Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 1331 Moe Gordon Street
Number Street

Visalia CA 93291
City State ZIP Code

Contact phone 5599948519 Email gelves33@gmail.com